

**2012-2013 State/ DPH Influenza Vaccine Order Form**

Vaccine requested on this form is for Non-VFC Eligible patients.

VFC PIN#	PROVIDER NAME	DATE
CONTACT PERSON	PHONE	FAX

<b>DELIVERY:</b> Indicate all days and times you may receive vaccine. If closed during lunch hour, please specify.	MON	From:	To:	Closed for lunch From:	To:
	TUES	From:	To:	Closed for lunch From:	To:
	WED	From:	To:	Closed for lunch From:	To:
	THUR	From:	To:	Closed for lunch From:	To:
	FRI	From:	To:	Closed for lunch From:	To:

Vaccine orders may be partially filled depending on the percentage of product available at McKesson. Back orders will be kept on file and shipped as soon as vaccine becomes available.

**INSTRUCTIONS:** Order a four to six week supply of flu vaccine, and re-order as needed throughout the season. Allow two weeks for delivery for properly submitted orders.

**DPH Clinics and State Flu providers**

Manufacturer NDC#	Age	Presentation	Current Inventory	Doses Requested	For Immunization staff use only		
					Doses Issued	Doses Back ordered	Staff Initials
Sanofi- Pasteur (Fluzone- PF) 49281-0012-50	36mths and older	0.5mL single dose vial, 10 pack					
Sanofi- Pasteur (Fluzone- MDV) 49281-0390-15	8 years and older	5mL multi-dose vial, One 10 dose vial					

**DPH Clinics ONLY**

Manufacturer NDC#	Age	Presentation	Current Inventory	Doses Requested	For Immunization staff use only		
					Doses Issued	Doses Back ordered	Staff Initials
MedImmune (FluMist) 66019-0110-10	2 years- 49 years	Single dose sprayer, 10 pack					
Sanofi-Pasteur (Fluzone- PF) 49281-0112-25	6mths – 35mths	0.25mL single dose syringe, 10 pack					
Sanofi- Pasteur (Fluzone-ID) 49281-0705-55	18 years and older	0.5ml single dose intradermal syringes, 10 pack					
Merck (Pneumovax ®) 00006-4943-00	2 years and older	Single dose 0.5mL vials, 10 pack					

The 2012-2013 Influenza VIS:

<http://www.cdc.gov/vaccines/pubs/vis/#flu>

**FAX COMPLETED ORDER FORM TO: 800-318-0810**